

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

237863



## FORM U

## REQUEST TO PROCESS OR DISPOSE OF RESIDUAL WASTE

This form must be fully and accurately completed. All required information must be typed or legibly printed in the spaces provided. If additional space is necessary, identify each attached sheet as Form U, reference the item number and identify the date prepared. The date on attached sheets needs to match the date noted below.

Date Prepared/Revised 4/11/12

## DEP USE ONLY

Date Received &amp; General Notes

## SECTION A. LANDFILL CLIENT (LANDFILL OR PROCESSING FACILITY OWNER) INFORMATION

DEP Client ID# 77240  
DEP Client Type / Code NPACOROrganization Name or Registered Fictitious Name  
Community Refuse Service, Inc.

## SECTION B. LANDFILL SITE (LANDFILL OR PROCESSING FACILITY) INFORMATION

DEP Site ID# 254520  
Site Name Cumberland County Landfill  
Landfill Permit ID# 100945Site Contact Last Name Hilbert  
First Name Dusty  
MI  
SuffixSite Contact Title Compliance Manager  
Site Contact Email Address dhilbert@iswaste.com

## SECTION C. GENERATOR CLIENT (GENERATOR OF THE WASTE) INFORMATION

Company Name USEPA Region 2 - Riverside Avenue Site  
DEP Generator ID#Company Contact Last Name Daly  
First Name Eric  
MI  
SuffixCompany Mailing Address Line 1 2890 Woodbridge Avenue,  
Company Mailing Address Line 2 Building 205, (MS-211)Company Address Last Line - City Edison  
State NJ  
Zip+4 08837  
Country USACompany Phone 732-321-4350  
Ext  
Company Email Address daly.eric@epa.govCompany Contact Last Name  
First Name  
MI  
SuffixContact Phone  
Ext  
Contact Email Address

If a Subsidiary, Name of Parent Company

Is the waste generated at the Company Mailing Address (noted above)?

☐ Yes ☒ No

If 'No', describe location of waste generation and storage.

Riverside Avenue Site, 29 Riverside Avenue

Township Newark County Essex State NJ

## SECTION D. WASTE DESCRIPTION

Residual Waste Code	Residual Waste Code Description	Amount	Unit of Measure		Time Frame
501	Contaminated Soil	75	<input type="checkbox"/> cu yd	<input type="checkbox"/> gal	
			<input type="checkbox"/> lb	<input checked="" type="checkbox"/> ton	<input checked="" type="checkbox"/> One Time

## 1. GENERAL PROPERTIES

a. pH Range 6 to 7 (based on analyses or knowledge)

b. Physical State  
☐ Liquid Waste (EPA Method 9095)  
☒ Solid (EPA Method 9095)  
☐ Gas (ambient temperature & pressure)

c. Physical Appearance Color varies Odor none

Number of Solid or Liquid Phases of Separation 1

Describe each phase of separation.  
soil

Form

d.	Attached is information from the generator certifying that a hazardous waste determination has been done and that the waste is not hazardous waste as defined in 40 CFR 261, as incorporated by reference at 25 Pa. Code 261a.1. Caution: If 'No', the application form is incomplete.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e.	Is the waste treated hazardous waste? If 'Yes', list the hazardous waste code(s) that apply to the hazardous waste before treatment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If 'Yes', what treatment option was selected?			
What limit was required to be met by the treatment option?			
	Provided a copy of the certification required under 40 CFR 268.7(a), as incorporated by reference at 25 Pa. Code 268a.1, that the waste meets all the land disposal restriction requirements, as specified in 40 CFR Part 268, Subpart D (Land Disposal Restrictions-Treatment Standards).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Has the waste been delisted as a hazardous waste by DEP or US EPA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
g.	Has the waste been accepted for disposal/processing at another Pennsylvania facility? If 'Yes', list the facility permit ID number(s).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
h.	Has an application for disposal/processing of the waste at another Pennsylvania facility been submitted? If 'Yes', list the facility permit ID number(s).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**2. CHEMICAL ANALYSIS ATTACHMENTS**

a.	Has a detailed physical and chemical characterization of the waste and its leachate been conducted? If 'No', provide detailed explanation supporting use of generator knowledge in lieu of actual chemical analysis.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If 'Yes', attached is a description of the waste sampling method, in accordance with the waste sampling plan as required in §271.611(a)(3) or §287.132(a)(3).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Laboratory Registration Number PA 68-566		

**3. PROCESS DESCRIPTION & SCHEMATIC ATTACHMENTS**

a.	Attached is a detailed description of the manufacturing and/or pollution control processes producing the waste. If 'No', provide explanation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Attached is a schematic of the manufacturing and/or pollution control processes producing the waste. If 'No', provide explanation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c.	Attached is the substantiation for a confidentiality claim (if portions of the information submitted are confidential).	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

**4. CHEMICAL ANALYSIS WAIVER**

Categories of residual wastes that qualify for the waiving of chemical analysis by the Department are listed below. Check the appropriate box(es) that match the waste proposed to be accepted for disposal.

- |  |  |
|--|--|
| <input type="checkbox"/> burnt demolition debris   | <input type="checkbox"/> carpet scraps                                   |
| <input type="checkbox"/> cured rubber scrap  | <input type="checkbox"/> empty containers (uncontaminated)               |
| <input type="checkbox"/> fabric/cloth/textile/leather wastes (excluding treatment sludges)                 | <input type="checkbox"/> fiberglass insulation scrap                     |
| <input type="checkbox"/> food wastes (excluding treatment sludges)   | <input type="checkbox"/> hot drained used oil filters (non-terne plated) |
| <input type="checkbox"/> metal scrap (excluding powdered grindings or if contaminated with fluids or oils) | <input type="checkbox"/> sawdust (excluding treated wood)                |
| <input type="checkbox"/> shingle scrap   | <input type="checkbox"/> waste paper                                     |
| <input type="checkbox"/> waste plastic (excluding extrusion manufacturing & uncured resins)                | <input type="checkbox"/> wood wastes (excluding treated wood)            |
| <input type="checkbox"/> Other (explain)   |  |

All waste types not listed above must be approved in writing in the permit by the Department prior to processing or disposal facility acceptance.

**SECTION E. PROPOSED PROCESSING, STORAGE AND/OR DISPOSAL METHOD**

Will any special handling procedures (besides direct disposal) described in the waste acceptance plan, be used when managing the waste? If 'Yes', describe.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this material re-used for construction or operation of the facility? If Yes, describe.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## SECTION F. SOURCE REDUCTION STRATEGY

Form 25R must be completed by the generator and attached to this application  
unless waived in the instructions to that form.

Form 25R attached.

☐ Yes ☐ No ☒ Waived

## SECTION G. CERTIFICATION OF PROCESSING OR DISPOSAL FACILITY

I hereby certify that the statements of fact contained therein are true and correct to the best of my knowledge, information and belief. This statement and verification is made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to un-sworn falsification to authorities.

Name of Responsible Official

Title

Signature

Date

Form U Application  
Additional Information

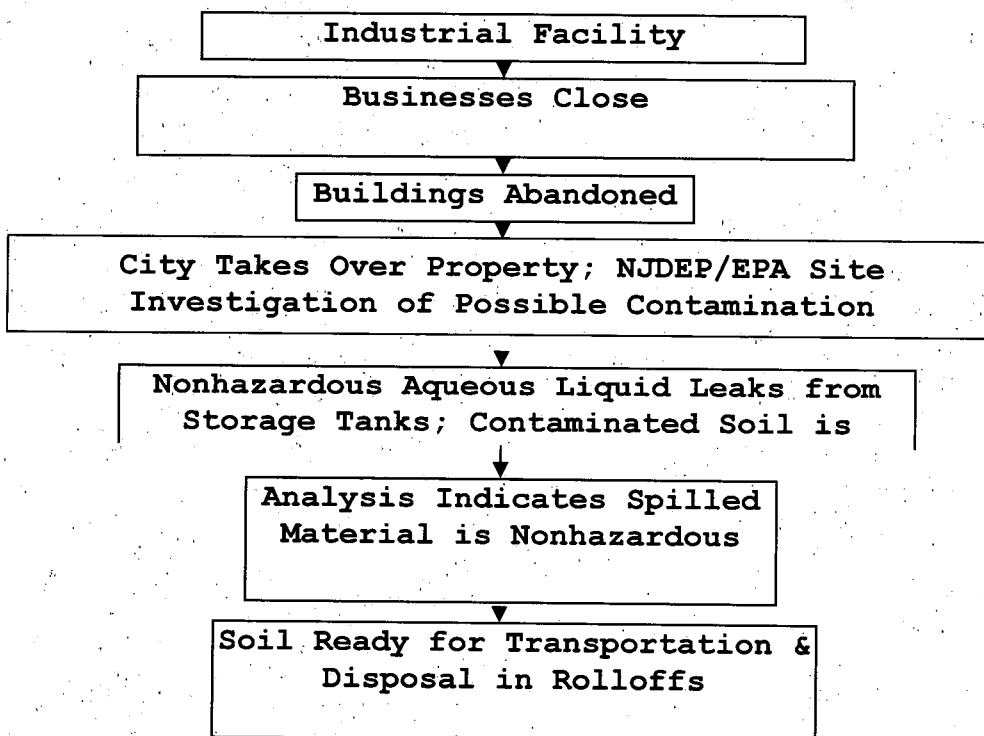
D.2.a Description of the waste sampling method

Soil was stockpiled in 4 rollofs; grab samples were taken from the different rollofs at various locations and then combined into one composite for analysis in accordance with SW846.

D.3.a Description of the manufacturing and/or pollution control processes producing the waste.

CERCLA cleanup of an abandoned industrial facility which previously housed a paint manufacturer, packaging company, and chemical warehouse; nonhazardous water was spilled onto a clean part of the property, excavated, and containerized. Analysis shows the spilled water is nonhazardous so soil contaminated with it is nonhazardous as well.

D.3.b. Schematic of the manufacturing process:



**CUMBERLAND COUNTY LANDFILL**  
**HAZARDOUS WASTE DETERMINATION CERTIFICATION**

**GENERATOR INFORMATION**

**Generator Name:** USEPA Region 2 - Riverside Avenue Site

**Address:** 29 Riverside Avenue **City:** Newark **County:** Essex **State:** NJ **Zip Code:** 07104

**Company Contact Name:** Eric Daly **Title:** On-Scene Coordinator **Phone:** ( 732 ) 321 - 4350

**WASTE STREAM INFORMATION**

**Waste Type:** ☒ Residual ☒ Special Handling  
(check one) ☐ Construction/Demolition ☐ Municipal

**Waste Quantity** 75 ☒ tons  
☐ Per Month  
Or  
☒ One-Time Disposal ☐ cubic yards

**Waste Description:** Non-hazardous soil

**Source of Waste / Project Name:** Riverside Avenue Site - CERCLA clean up; nonhaz aqueous liquid spilled onto a clean area of the property.

**CERTIFICATION**

The undersigned, being duly authorized by the Generator whose name is identified above (hereinafter referred to as the "Company"), hereby certifies that the Company has completed a hazardous waste determination on the above referenced waste stream in accordance with Subchapter D, "Hazardous Waste" of the Resource Conservation and Recovery Act (the "Act"), and 25 PA Code 262a.11 ("Generators of Hazardous Waste") ("Hazardous Waste Determination").

The determination concluded that the waste stream described above does not contain, in whole or in part, a hazardous waste and (check as appropriate):

- ☒ (1) has not been excluded from regulation according to 25 PA Code 261a.1
- ☐ (2) is not a listed hazardous waste, contains a listed waste or is derived from a listed waste according to 25 PA Code Article VII or Subchapter D of the "Act" and is not a characteristic hazardous waste identified in 25 PA Code Article VII
- ☐ (3) if the hazardous waste determination has not been accomplished heretofore, I herein certify that based upon my knowledge of this waste stream, it contains no material listed in 25 PA Code Article VII or Subchapter D of the "Act" and is not a "characteristic waste" as described in 25 PA Code Article VII.

**Name of  
Responsible  
Official:**

Eric Daly

**Title:** OSC

**Signature:**

**Date:** 4/11/12

*Taken, sworn,  
and subscribed  
before me this*

       day of

       A.D. 20

*Notary Seal*

## Kevin Shaver

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**From:** Janelle Murphy  
**Sent:** Wednesday, April 11, 2012 2:02 PM  
**To:** Kevin Shaver; 'Eric Daly'  
**Subject:** FW: CERCLA Compliance Check

### **Janelle Murphy**

Transportation and Disposal Coordinator  
404-601-6939 (direct) 404-808-3769 (mobile)  
[jmurphy@kemron.com](mailto:jmurphy@kemron.com)

### **KEMRON Environmental Services Inc.**

1359-A Ellsworth Industrial Blvd  
Atlanta, GA 30318  
404-636-0928 (office) 404-636-7162 (fax)

Visit us at [www.kemron.com](http://www.kemron.com)

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**From:** Gary Morton [<mailto:Morton.Gary@epamail.epa.gov>]  
**Sent:** Wednesday, April 11, 2012 1:56 PM  
**To:** Janelle Murphy  
**Subject:** Re: CERCLA Compliance Check

The Cumberland County Landfill is acceptable to receive waste. Please contact the facility to make all necessary arrangements prior to sending waste to the facility.

"Janelle Murphy" ---04/10/2012 05:21:50 PM---Mr. Morton,

From: "Janelle Murphy" <[jmurphy@kemron.com](mailto:jmurphy@kemron.com)>  
To: Gary Morton/R3/USEPA/US@EPA  
Cc: Eric Daly/R2/USEPA/US@EPA, "Kevin Shaver" <[kshaver@kemron.com](mailto:kshaver@kemron.com)>  
Date: 04/10/2012 05:21 PM  
Subject: CERCLA Compliance Check

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Mr. Morton,

I am writing to request a CERCLA Compliance Check. Please see attached document for detailed request.

Thank you,  
Janelle

### **Janelle Murphy**

Transportation and Disposal Coordinator  
404-601-6939 (direct) 404-808-3769 (mobile)  
[jmurphy@kemron.com](mailto:jmurphy@kemron.com)